

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR
999000515

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): WESLOCK ☐ ☐ ☐ ☐ Code No.
Pick up Address: 13844 S. MAIN ST (Street) (City)
Telephone Number: (213) 8772770 P.O. or Contract No.:
Order Placed By: Date: 7-29-80

Type of Process which Produced Wastes: METAL PLATING ☐ ☐ ☐ ☐ Code No.
(Examples: metal plating, equipment cleaning, oil drilling, wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. <input type="checkbox"/> Acid solution	8. <input type="checkbox"/> Tank bottom sediment
2. <input type="checkbox"/> Alkaline solution	9. <input type="checkbox"/> Oil
3. <input type="checkbox"/> Pesticides	10. <input type="checkbox"/> Drilling mud
4. <input type="checkbox"/> Paint sludge	11. <input type="checkbox"/> Contaminated soil and sand
5. <input type="checkbox"/> Solvent	12. <input type="checkbox"/> Quarry waste
6. <input type="checkbox"/> Tetraethyl lead sludge	13. <input type="checkbox"/> Sludge waste
7. <input type="checkbox"/> Chemical toilet wastes	14. <input type="checkbox"/> Mud and water
	15. <input type="checkbox"/> Brine

☐ Other (Specify): ☐ ☐ ☐ Code No.

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	t	ppm
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>

Hazardous Properties of Waste:

pH <u>3.4</u>	<input type="checkbox"/> none	<input type="checkbox"/> toxic	<input type="checkbox"/> flammable	<input type="checkbox"/> corrosive	<input type="checkbox"/> explosive
bulk Volume: <u>3,400</u> gal	<input type="checkbox"/> tons	<input type="checkbox"/> barrels (42 gal)	<input type="checkbox"/> other (specify)		
Containers: (Number) <u>1</u>	<input type="checkbox"/> drums	<input type="checkbox"/> cartons	<input type="checkbox"/> bags	<input type="checkbox"/> other (specify)	
Physical State: <input type="checkbox"/> solid	<input type="checkbox"/> liquid	<input checked="" type="checkbox"/> sludge	<input type="checkbox"/> other (specify)		

Special Handling Instructions (if any):

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): Superior Industrial Pumping ☐ ☐ ☐ ☐ Code No.
Business Address: P.O. Box 59389 L.A. Calif 90059 (Street) (City)
Telephone Number: 757-1855 Pick Up: (Date) Time: 4:45
State Liquid Waste Hauler's Registration No. (if applicable): 485

Job No.: 1601 No. of Loads or Trips: Unit No.:
Vehicle: ☒ vacuum truck ☐ barrels, ☐ flatbed, ☐ other (specify)
The described waste was hauled by me to the disposal facility named below and was accepted.
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)
Name (print or type): OPERATING INDUSTRIES INC ☐ ☐ ☐ ☐ Code No.
Site Address: 2425 So. Garfield Ave
Moraga Park, Calif. 94754

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): State fee (if any):
Handling Method(s):
☐ recovery
☐ treatment (specify):
☐ disposal (specify): (Examples: incineration, neutralization, precipitation) Code No.
☐ pond ☐ spreading ☐ landfill ☐ injection well
☐ other (specify):

If waste is held for disposal elsewhere specify final location:
Disposal Date: 7-31-80
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

Waste is described to the best of my ability and it was delivered to licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

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